SEMS-RM DOCID # 1165833

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CONTRACT ENVIRONMENTAL SERVICE, INC.

14759 MAINE STREET
FONTANA, CA 92336
(909) 822-6553

MONITOR CERTIFICATION

CUSTOMER: MACLEOD METALS, INC. DATE 7/15/02

LOCATION: 9309 S. RAYO AVE.
SOUTH GATE, CA 90280

RECEIVED
JUL 31 2002
DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION

MANUFACTURER MSA MODEL No. TANKGARD

SERIAL No. 02761 No. OF TANKS 1

ALARMS: VISUAL OK AUDIBLE OK

PRINTER NONE MODEM NONE

PROBES:	TANK 1	TANK 2	TANK 3	TANK 4
TYPE OF PRODUCT	DIESEL			
IN TANK PROBE				
IN TANK SENSING				
ANNULAR SPACE SENSOR	PASS			
FILL SUMP SENSOR	XX			
MONITORING WELL				
POSITIVE SHUT OFF Y/N	N/A			

SAFETY: INTRINSIC OK ELECTRICAL OK

PROBE CONNECTIONS OK OTHER

REMARKS: SUCTION LINES - REPLACED PIPING SUMP SENSOR

THIS IS TO CERTIFY THAT THE ABOVE MONITOR HAS BEEN TESTED BY AN AUTHORIZED REPRESENTATIVE OF **CONTRACT ENVIRONMENTAL SERVICE, INC.**, HAS BEEN ADJUSTED AND/OR CALIBRATED AS NECESSARY, AND IS OPERATING ACCORDING TO MANUFACTURER'S SPECIFICATIONS.

TECHNICIAN: [signature] DATE: 7/15/02
ANTONIO DOMINGUEZ

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California
Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Macleod Metals, Inc. Bldg. No.: - -

Site Address: 9309 S. Reyes Ave City: South Gate Zip: 90280

Facility Contact Person: Bill Lambert Contact Phone No.: (323) 567-7767

Make/Model of Monitoring System: MSA TankGard Date of Testing/Servicing: 7/22/02

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: DIESEL	**Tank ID:**
☐ In-Tank Gauging Probe. Model:	☐ In-Tank Gauging Probe. Model:
☒ Annular Space or Vault Sensor. Model: 482607	☐ Annular Space or Vault Sensor. Model:
☒ Piping Sump / Trench Sensor(s). Model: 482607	☐ Piping Sump / Trench Sensor(s). Model:
☐ Fill Sump Sensor(s). Model:	☐ Fill Sump Sensor(s). Model:
☐ Mechanical Line Leak Detector. Model:	☐ Mechanical Line Leak Detector. Model:
☐ Electronic Line Leak Detector. Model:	☐ Electronic Line Leak Detector. Model:
☐ Tank Overfill / High-Level Sensor. Model:	☐ Tank Overfill / High-Level Sensor. Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID:	**Tank ID:**
☐ In-Tank Gauging Probe. Model:	☐ In-Tank Gauging Probe. Model:
☐ Annular Space or Vault Sensor. Model:	☐ Annular Space or Vault Sensor. Model:
☐ Piping Sump / Trench Sensor(s). Model:	☐ Piping Sump / Trench Sensor(s). Model:
☐ Fill Sump Sensor(s). Model:	☐ Fill Sump Sensor(s). Model:
☐ Mechanical Line Leak Detector. Model:	☐ Mechanical Line Leak Detector. Model:
☐ Electronic Line Leak Detector. Model:	☐ Electronic Line Leak Detector. Model:
☐ Tank Overfill / High-Level Sensor. Model:	☐ Tank Overfill / High-Level Sensor. Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: DIESEL	**Dispenser ID:**
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	**Dispenser ID:**
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	**Dispenser ID:**
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; ***(check all that apply):*** ☐ **System set-up** ☐ **Alarm history report**

Technician Name (print): Antonio Dominguez Signature:

Certification No.: - - License. No.: 94-1571

Testing Company Name: Contract Environmental Service Phone No.: (909) 822-6553

Site Address: 14759 Main St., Fontana 92336 Date of Testing/Servicing: 7/22/02

D. Results of Testing/Servicing

Software Version Installed: ✓

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
☐ Yes	☐ No* ☒ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No.
☐ Yes	☐ No* ☒ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? ____ %
☒ Yes*	☐ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments: Replaced liquid sensor in Fill Sump

F. In-Tank Gauging / SIR Equipment:

☐ Check this box if tank gauging is used only for inventory control.
☒ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

G. Line Leak Detectors (LLD):

☒ Check this box if LLDs are not installed.

Complete the following checklist:

☐ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☐ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☐ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☐ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

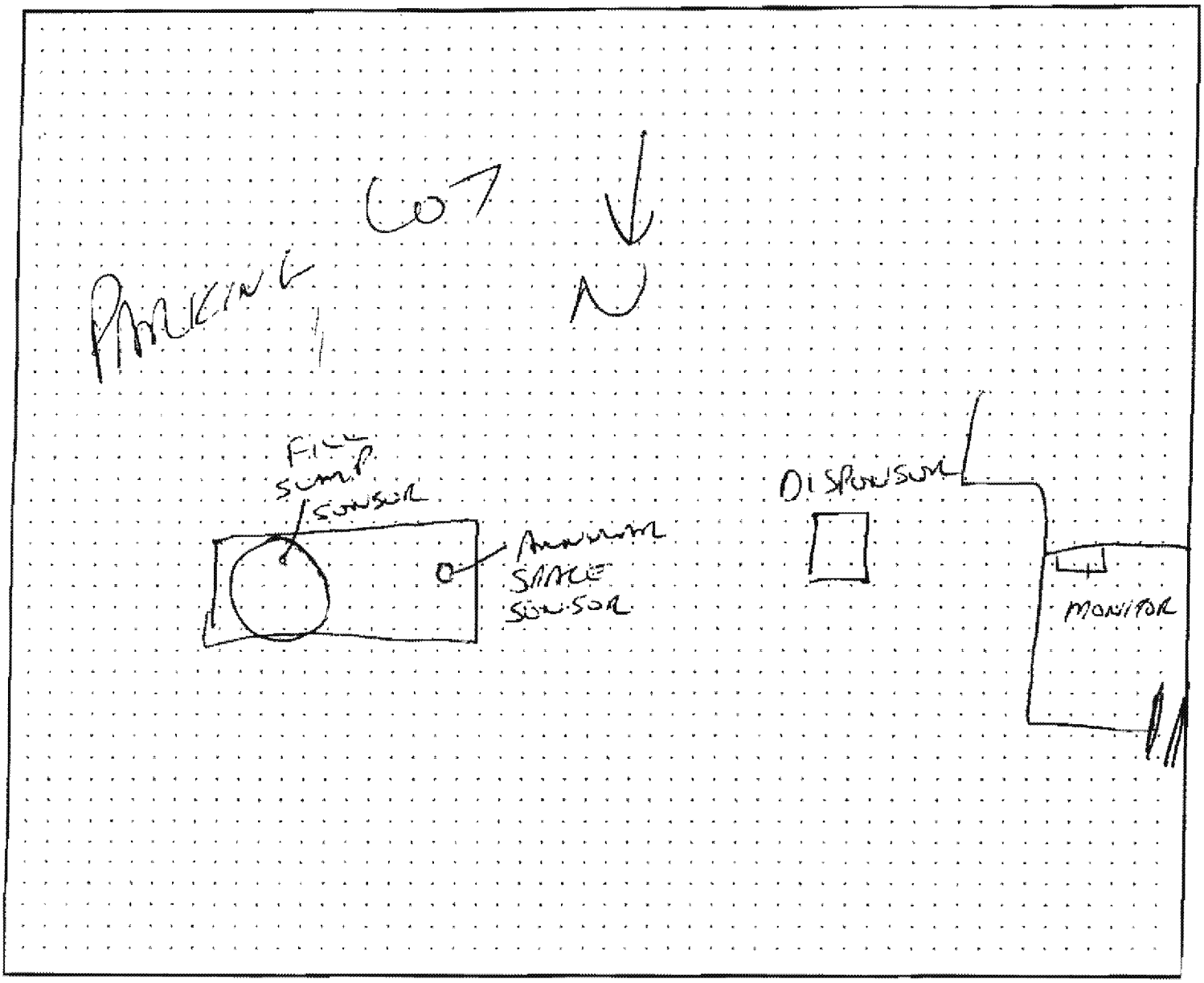
*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 9309 S. Pago Ave., South Gate 90280



Date map was drawn: 7/22/02

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.